Unusual / Inconsistent AST Investigation Form (MIC.21950)

This form is used to document investigation of unusual or inconsistent antimicrobial susceptibility testing (AST) results according to CAP MIC.21950.

Accession Number:	
Patient ID / MRN:	
Specimen Type:	
Specimen Source:	
Date & Time of Isolation:	
Organism Identified:	
Initial Unusual / Inconsistent AST Result:	
Reason Flagged (Why unusual?):	
Investigation Steps Performed (ID repeat, AST repeat, alternative method, purity check):	
Final Confirmed Result:	
Supervisor Review / Comments:	
Clinician Notified? (Yes/No + Date/Time):	
Technologist Name & Signature:	